

TOWN OF HINGHAM

SPECIAL NEEDS FORM

If you have a disability that may cause you to need special help in an emergency, please fill out this form and return it. If someone you know would require specialized services, urge him or her to complete and return the form. If you have previously filled out a form we ask that you do it again so we can confirm that our current records are up to date. Feel free to call Emergency Management directly if you have any questions or concerns at 781-741-1416. ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL.

Name:_____

Street Address:_____

Phone Number:_____2nd phone #:_____

Person Completing this form:_____Phone #:_____

Check all that apply:

☐ I would arrange my own transportation to a shelter in an emergency.

☐ I would require transportation but could walk a short distance (less than ¼ mile from my home to a bus.

☐ I have limited mobility and would require assistance getting on and off a bus.

☐ I am confined to a wheelchair and would require a wheelchair van.

☐ I would require an ambulance for transportation.

☐ I am deaf. ☐ I use a TTY.

☐ I require electric power for life support equipment.
Describe:_____

☐ I have specialized medical or other needs
Describe:_____

Return to: Town of Hingham, Department of Emergency Management,
339 Main St. Hingham Ma. 02043